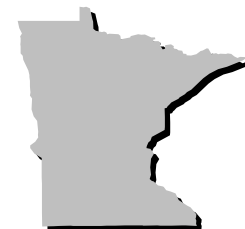




MINNESOTA



MINNESOTA CANCER SURVEILLANCE SYSTEM

| Year Funded | Type of Program | Affiliation | Compliance with Public Law 102-515: Legislation and Regulations* | |
|-------------|-----------------|-------------------------|---|---|
| 1994 | Enhancement | State Health Department | Authorizing legislation for a statewide registry: Yes | Regulations in place for data reporting, confidentiality, and use: All |

*Source: NPCR Legislative Database, January 2001.

Cancer Burden

Cancer is a devastating disease. According to the American Cancer Society, in 2001 an estimated 553,400 Americans will die of cancer, and approximately 1.3 million new cancer cases will be diagnosed. These estimates do not include in situ (preinvasive) cancer of any site except urinary bladder or approximately 1 million cases of nonmelanoma skin cancer to be diagnosed this year. In Minnesota, an estimated 20,600 new cancer cases will be diagnosed, and approximately 9,000 will die of this disease in 2001. Minnesota ranks 42nd highest overall in cancer mortality rates among the 50 states and Washington, D.C.*

The NPCR

Cancer surveillance involves the systematic collection, analysis, and use of cancer data. Information derived through surveillance is critical for directing effective cancer prevention and control programs. The Centers for Disease Control and Prevention's **National Program of Cancer Registries (NPCR)**, authorized by Congress in 1992 through the Cancer Registries Amendment Act (Public Law 102-515), serves as the foundation of a national, comprehensive cancer control strategy. Statewide cancer registries provide critical data to help identify and monitor trends in cancer incidence and mortality over time; guide cancer control planning and evaluation; help

allocate health resources; and advance clinical, epidemiologic, and health services research.

Through the NPCR, CDC supports registries in 45 states, the District of Columbia, and three territories, representing 96% of the U.S. population.[†] Forty-five programs receive support to enhance existing registries; these have on-going cancer data-collection activities, policies and procedures for central registry operations in place, and core staff employed. Four programs receive support to plan and develop new registries; they are typically involved in laying the necessary groundwork for establishing a central, population-based registry.

With fiscal year 2001 appropriations of approximately \$36 million, CDC continues to support and enhance state cancer registries, and promotes appropriate uses of data. The CDC will also develop special research projects, such as studies of patterns of cancer care in specific populations and assessments of data for integration with geographic information systems.

State Highlights

- The Minnesota Cancer Surveillance System (MCSS) was certified by the North American Association of Central Cancer Registries for completeness, timeliness, and quality of its 1997 data.

- The MCSS is one of 11 registries participating in a special NPCR-supported childhood cancer project to design, implement, and evaluate a method to use data from a state population-based central registry to compute expected numbers of incident cancer cases in children. The registry will evaluate completeness of its data and of other existing pediatric cancer databases, such as the Children's Oncology Group, by performing data linkage.
- The MCSS identified a persistent excess in northeastern Minnesota of mesotheliomas, a rare type of cancer with only one known cause — asbestos exposure. This discovery resulted in legislative funding to look for occupationally-related respiratory disease, including an investigation of whether or not asbestos exposure has occurred among workers in the mining industry.
- A report describing cancer occurrence in American Indians living in Minnesota indicated that although breast cancer is less common in American Indian women than in white women, it is much more common in American Indian women than previously believed. Little information has previously been available on cancer occurrence in Northern Plains Indians.

Continued

*Source: CDC's National Center for Health Statistics, vital statistics data, underlying cause of death, 1993-1997.

[†]A map of the participating NPCR programs can be found at <http://www.cdc.gov/cancer/npcr/statecon.htm>.

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